

STATE OF ARIZONA
DIVISION OF VITAL STATISTICS
BIRTH REPORT

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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Globe County Gila No. St.
(Registration District)

SEX OF CHILD* <u>female</u>	Twin Triplet or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>
DATE OF BIRTH* <u>April 25 1980</u> (Month) (Day) (Year)			
FULL NAME <u>John Wesley Armstrong</u>		FATHER	
FULL MAIDEN NAME <u>Eddie Mae Newberry</u>		MOTHER	

I HEREBY CERTIFY that the child described
herein has been named

Martha Alice Armstrong
(Give name in full) (Surname)
Eddie M. Armstrong
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.